



EPI UPDATES



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Kansas Mosquito Surveillance Begins in June

By Dr. Ingrid Garrison

The Kansas Department of Health and Environment and the Kansas Biological Survey (<http://kbs.ku.edu/>) will conduct mosquito surveillance for arboviral diseases during 2012. KBS will trap mosquitoes in four counties: Atchison, Doniphan, Sedgwick, and Morris. Mosquito surveillance has been narrowed to those counties with ideal conditions for arboviral transmission (large numbers of migratory birds, extensive mosquito habitats, and large populations of people.) Surveillance will begin in June and continue weekly through the last week of September.

Mosquitoes will be tested at the Kansas Health and Environmental Laboratory for West Nile virus, St. Louis encephalitis and Lacrosse encephalitis. Local Health Departments will be notified by



KDHE of any mosquitoes in their counties that test positive for an arbovirus and a press release will be issued to alert the public. In addition, results will be posted online on the KDHE website.

For more information contact Dr. Ingrid Garrison at igarrison@kdheks.gov.

CALENDAR OF UPCOMING EVENTS:

2012 CSTE Annual Conference

When: June 3–7, 2012

Where: Omaha, Nebraska at the CenturyLink Center Omaha and Hilton Omaha

Theme: Stand Up And Be Counted

Information: <http://www.csteconference.org/>

EpiTrax Bi-weekly Webinars:

When: Every other Thursday starting April 12, 2012

Time: Meetings will be from 9–10:30 a.m. & 12–1:30 p.m.

Where: GoToMeeting webinar.

What: These EpiTrax training webinars will cover information on topics relevant to EpiTrax users. In June—harmful algal blooms investigations.

For more information please contact Susan Dickman at (785) 296-7732 or epitraxadmin@kdheks.gov.

KALHD Mid-Year Meeting

When: June 19-20, 2012

Where: Doubletree by Hilton, Wichita Airport, Wichita, KS

Information: Visit the Kansas Association of Local Health Departments website at www.kalhd.org.

Registration: Online registration is available on KS TRAIN at <https://ks.train.org>. Course number is 1033700.

One Health Zoonotic Disease Workshop

WE NEED A HEAD COUNT FOR SUPPLIES AND LUNCH!

Please reply before June 6th if you plan to attend the June 15th workshop.

Please reply before August 1st if you plan to attend the August 9th workshop.

Please reply before October 3rd if you plan to attend the October 11th workshop.

Please reply before February 27th if you plan to attend the March 7th workshop.

Thanks!

Tarrie Crnic

Tarrie.Crnic@kda.ks.gov

785-296-2326

The Kansas Department of Agriculture Division of Animal Health and the Kansas Department of Health and Environment invite you to attend a One Health Zoonotic Disease Workshop. One Health is the collaboration of multiple disciplines to improve both human and animal health. Over two hundred diseases are considered zoonotic, those that can pass between animals and human. Some of these diseases are endemic in Kansas and are

reportable to public health or animal health authorities when diagnosed in humans and/or animals.

This workshop is designed for healthcare providers, veterinarians, and public health professionals. The training will include information on clinical disease, treatment, regulatory and public health involvement. Registration is free; continuing education has been approved for veterinarians and is

pending for nurses and physicians.

This is an excellent opportunity to network with both human and animal healthcare providers in your community while increasing your knowledge about zoonotic diseases.

Please register through KS-TRAIN, course ID 1033834. For more information, including dates and locations, contact Dr. Tarrie Crnic at Tarrie.Crnic@kda.ks.gov or 785-296-2326.

Zoonotic Disease Management Workshops

Friday, June 15th in Topeka, Kansas

**SRS Strategic Development/
SRS Learning Center**

**2600 SW East Circle Drive S
Room C**

Thursday, August 9th in Colby, Kansas

Location: TBD

Thursday, October 11th in Dodge City, Kansas

Location: TBD

Thursday, March 7th in Wichita, Kansas

Location: TBD

TENTATIVE AGENDA

8:30 am – 9:00 am:	Registration
9:00 am – 9:15 am:	Introductions and Workshop Overview
9:15 am – 9:45 am:	Animal Disease Surveillance
9:45 am – 10:15 am:	Human Disease Surveillance
10:30 am – 11:30 am:	Disease Prevention, Routes of Transmission
11:30 pm – 12:00 pm:	Infection Control
12:00 pm – 1:30 pm:	Lunch: Specific Disease Overview (ex. Brucellosis, Monkey Pox, Psittacosis, Rabies, Rift Valley Fever)
1:45 pm – 3:00 pm:	Disease Investigation/Outbreak Management
3:00 pm – 4:00 pm:	Tabletop
4:00 pm – 4:30 pm:	Wrap up, Resource Overview and Course Critique

Presenters and Facilitators:

Dr. Paul Grosdidier, DAH Field Veterinarian
 Dr. Barry Pittman, USDA APHIS Area Emergency Coordinator
 Dr. Hallie Hasel, USDA APHIS VMO
 Dr. Brian Archer, USDA APHIS VMO
 Dr. Ingrid Garrison, KDHE Public Health Veterinarian
 Dr. Tarrie Crnic, DAH Animal Health Planner
 Dr. Cody Garten, USDA APHIS VMO
 Dr. Justin Smith, DAH Field Veterinarian

Gastrointestinal Illness Associated with an Elementary School in Dickinson County, April 2012

Background

An outbreak of gastrointestinal illness associated with an elementary school was reported to the Dickinson County Health Department (DCHD) on April 13, 2012. DCHD requested assistance in investigating the outbreak from the Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics (KDHE-BEPI) at 8:37 am on April 13, 2012. In response to this notification an outbreak investigation was initiated to determine the cause of illness and to implement prevention and control measures. A total of 115 students attend the elementary school.

Methods

Demographic and clinical information was collected from the school on ill students. A case was defined as an individual who attended the elementary school and subsequently developed vomiting or diarrhea on or after April 13, 2012.

Results

Information was collected on a total of 23 students and 21 met the case definition. The age of cases ranged from five to 11 years (median age seven years) and 11 (52%) were male. The most commonly reported symptoms were vomiting (100%), nausea (100%), and diarrhea (9.5%). Onset date of illness was reported by all of the cases and ranged from April 13, 2012 to April 18, 2012 (Figure 1). Eighteen individuals reported recovering. Since the recovery date was not reported, the duration of illness could not be calculated. No cases were willing to submit stool specimens for analysis.

Conclusions

No definitive diagnosis was obtained for this outbreak: neither the etiology of the outbreak nor the vehicle of transmission could be determined. The investigation could have

been assisted by the collection of stool specimens; however no individuals were willing to submit a specimen for analysis.

Report by: Jamie DeMent (Kansas Department of Health and Environment), Meagan Krueger - Local Investigator (Dickinson County Health Department)

On: May 7, 2012

Investigation by:

Dickinson County Health Department

1001 N Brady

Abilene, KS 67410

<http://www.dkcoks.org/health>

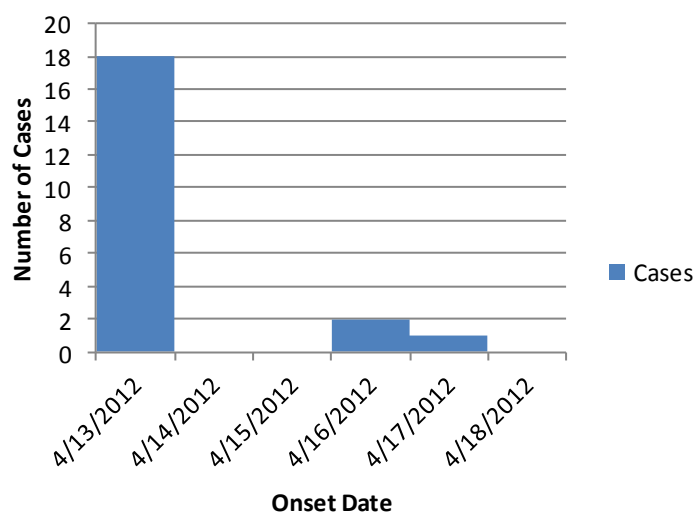
**Kansas Department of Health & Environment
Bureau of Epidemiology and Public Health
Informatics**

1000 SW Jackson St., Suite 210

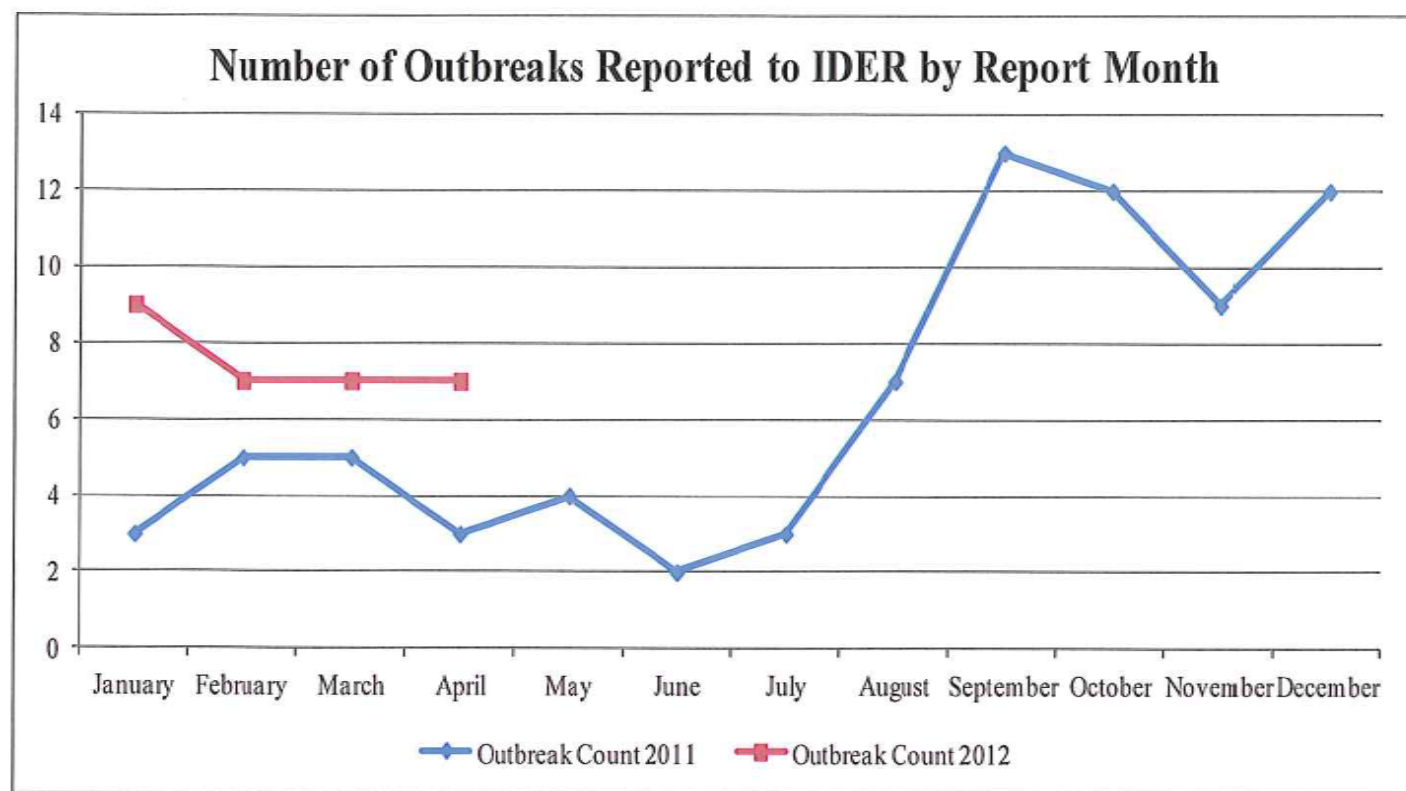
Topeka, Kansas 66612

<http://www.kdheks.gov/>

Figure 1: Onset Date of Gastrointestinal Illness Among Students Attending an elementary school in Dickinson County (n = 21)



MONTHLY OUTBREAK SUMMARIES

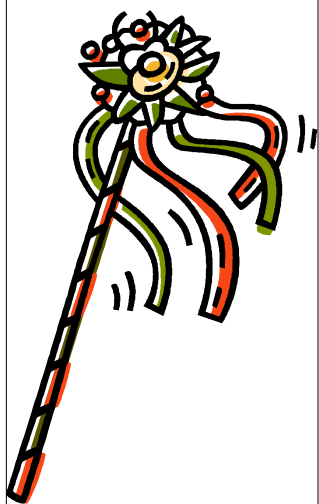


Facility Type	Organism	Transmission	County	Outbreak Status	Reported Date
School or college	Unknown-GI	Indeterminate / Other / Unknown	Dickinson	Closed	4/13/2012
School or college	Pertussis	Person-to-Person	Johnson	Active	4/17/2012
Restaurant	Unknown-GI	Food	Atchison	Closed	4/19/2012
School or college	Shigella	Person-to-Person	Crawford	Active	4/21/2012
Private Home	Norovirus	Person-to-Person	Grant	Closed	4/23/2012
Multi-state	<i>S. montevideo</i>	Animal Contact		Active	4/24/2012
Multi-state	<i>S. typhimurium</i>	Food		Active	4/26/2012

	Month reported to EpiTrax - April 2012					
	State Case Status					Grand Total
	Not Available	Confirmed	Not a Case	Probable	Suspect	
Disease	Count	Count	Count	Count	Count	Count
Amebiasis (<i>Entamoeba histolytica</i>)	-	1	-	-	-	1
<i>Anaplasma phagocytophilum</i> (f. HGE)	-	-	-	-	1	1
Brucellosis	-	-	-	-	1	1
Campylobacteriosis	-	14	-	-	16	30
Cryptosporidiosis	1	1	-	13	-	15
Ehrlichiosis, <i>Ehrlichia chaffeensis</i> (f. HME)	-	-	-	1	5	6
Ehrlichiosis/Anaplasmosis, undetermined	-	-	1	-	-	1
Giardiasis	-	3	-	-	2	5
<i>Haemophilus influenzae</i> , invasive disease (Including Hib)	-	3	-	-	-	3
Hepatitis A	1	3	11	4	12	31
Hepatitis B Pregnancy Event	3	1	-	-	-	4
Hepatitis B virus infection, chronic	-	1	4	27	2	34
Hepatitis B, acute	1	1	1	2	-	5
Hepatitis C virus, past or present	2	144	1	-	27	174
Legionellosis	-	-	-	-	2	2
Lyme Disease (<i>Borrelia burgdorferi</i>)	1	2	10	1	22	36
Measles (rubeola)	-	1	1	-	-	2
Meningitis, Bacterial Other	-	-	3	-	1	4
Meningitis, other fungal	-	-	-	-	1	1
Meningococcal disease (<i>Neisseria meningitidis</i>)	-	1	-	-	-	1
Mumps	-	-	2	-	3	5
Norovirus	-	1	-	-	-	1

	Month reported to EpiTrax - April 2012					
	State Case Status					Grand Total
	Not Available	Confirmed	Not a Case	Probable	Suspect	
Disease	Count	Count	Count	Count	Count	Count
Outbreak Case - Unknown Etiology	-	-	-	-	3	3
Pertussis	3	13	16	6	35	73
Q Fever (<i>Coxiella burnetti</i>), Acute	-	-	1	-	-	1
Q Fever (<i>Coxiella burnetti</i>), Chronic	-	-	-	1	-	1
Rabies, Potential Human Exposure	2	-	-	-	-	2
Rabies, animal	11	6	-	-	4	21
Rabies, human	1	-	-	-	-	1
Salmonellosis	1	37	-	-	-	38
Shiga toxin-producing <i>Escherichia coli</i> (STEC)	-	9	5	-	1	15
Shigellosis	-	14	-	-	-	14
Spotted Fever Rickettsiosis (RMSF)	-	-	2	3	26	31
Streptococcal disease, invasive, Group A	-	5	-	-	-	5
<i>Streptococcus pneumoniae</i> , invasive disease	-	9	-	-	-	9
Toxic-shock syndrome (<i>streptococcal</i>)	-	-	-	-	1	1
Transmissible Spongiform Enceph (TSE / CJD)	-	-	1	-	-	1
Tularemia (<i>Francisella tularensis</i>)	-	-	1	-	1	2
Vaccinia infection	1	-	-	-	-	1
Varicella (Chickenpox)	11	5	5	20	4	45
West Nile virus non-neuroinvasive disease	-	-	4	-	-	4
Grand Total						631

Please visit us at:
www.kdheks.gov/epi



KDHE Mission:

*To Protect and Improve the
 Health and Environment of all
 Kansans*

Our Vision

*Healthy Kansans living in safe
 and sustainable environments.*



EpiTrax
 Powered by TriSano®

EpiTrax Help and Hints By Susan Dickman

- 1. Error when logging into EpiTrax (or password does not work).** If you have created a new password in EpiTrax, and you log out, the next time you log in make sure that you are accessing EpiTrax production and not the training site. EpiTrax production's website link is: <https://kseptrax.org>.

When you click on the link above and before you log into EpiTrax, save the link to your favorites and make sure that it is saved with a title you recognize, such as "EpiTrax production" or "EpiTrax Live." If you still cannot log in, please contact the EpiTrax Coordinator at 785-296-7732.

- 2. Routing a case to another Local Health Department.** When re-routing a case, make sure that you select from the drop down, the "Investigating jurisdiction." Selecting the check box, gives view only access to a county.

Make sure you add a "Brief Note" so that the new Jurisdiction will know why the case is being re-assigned. **"Brief Notes" can be viewed in the Notes tab.**

- 3. Routing an out of state case.** For an out of state case, you can change the city, and state to the appropriate City, State. Make sure all notes are added to the "Notes" tab before reassigning the case. Then reassign the case to Out of State by making sure to select "Out of State" from the **dropdown list** and not the checkboxes.

- 4. Accepting a case into your Local Health Department.**

When you first access a case, click on the "Edit" link under the patient's name to access the case. You will see that the case status is "Assigned to Local Health Dept."

- Click the "Accept" radio button to the **LEFT** of "Accept." The status will change from "Assigned to Local Health Dept." to "Accepted by Local Health Dept."
- From here the case can be assigned to an Investigator.
- The Investigator will need to "Accept" the case by clicking the "Accept" radio button to the left of "Accept."
- When the screen refreshes, the Status will be "Under Investigation" and a "Complete" button will appear after **Action Required**.
- When the case has been investigated and all notes and supplemental form information has been entered in the "Investigation" tab, the Investigator will click the "Complete" button to move the case to their supervisor or approve the case under their own role. The Status at this time is **"Investigation Complete."** The supervisor or the same Investigator will "Approve" the case to be moved to the State for final approval. (This is the "Pending" process in KS-EDSS.)
- Once the Supervisor or Investigator has "Approved" the case to be moved to KDHE, the case status will change to "Approved by Local Health Dept." (This is the "Pending" status that was in KS-EDSS.)
- The epidemiologists or medical investigators at KDHE will then check the case to ensure that the investigation has been completed and will either "Approve" the case to **Close** it, or "Reopen" the case to have additional investigation information added by the Local Health Department. The **Status** will show "Reopened by State." (This is the "Reviewed Process" in KS-EDSS.)
- If the case is "Reopened," the supervisor or investigator will have the choice to "Reopen" the case or "Approve" it for closing again after checking the Notes section to find out what is missing from the case and adding the additional information. (This is the "Reviewed Status" in KS-EDSS.)